

worried that continuity of care will be compromised. And I will only be treated if the HMO sees fit rather than being able to rely on the judgment of a physician who had known me for 8 years and an oncologist who has seen me every month for a year. I want managed care to stop making medical decisions. I have a right to health care.

As a nurse, I also know that quality health care is the issue. Having cancer has changed my life. Having adequate health insurance was a wise choice I made 10 years ago. Today I am fearful that I have no rights as an HMO member. That is one battle too many for me to take on.

It frustrates me so much after having received this letter, and it is one of many that I have received, probably one of the most articulate descriptions of the problem, that we have to go through such a cumbersome process of marching down and gathering enough signatures for a petition simply to have the right to debate this issue fully in the House.

One would think that all the Members would jump at the opportunity to do that on behalf of our constituents. The only thing I can think is that the concerns of the health care industry, of managed care companies, of insurance companies has superseded concerns for ordinary patients and consumers in our districts.

I do not think it is sound health care policy to force a breast cancer patient to give up a physician of 8 years. It is not sound health policy to force a breast cancer patient like my constituent to beg for treatment. It is not sound health policy for insurance companies to make medical decisions. It is not sound health policy for the United States Congress to delay action on preventing these abuses.

We have a number of excellent proposals, H.R. 358, the Patients' Bill of Rights, and as a prior colleague of mine said, there may be many who disagree with that, but we certainly should be able to discuss a bill that has provisions such as providing full and fair access to specialists and to emergency care, giving patients the right to timely appeals, including the right to appeal to an external and independent entity, holding managed care plans accountable for all their decisions, including the decision to deny care, and letting medical professionals and their patients make the medical decisions.

So I am hopeful that next week when we do engage in gathering the signatures for this discharge petition that we are going to have a majority of Members of this body, both sides of the aisle, who say it is time now, it is more than time now to fully debate this issue.

I am hoping that we will be able to provide the relief that our constituents are begging for and deserve.

Mr. PALLONE. Mr. Speaker, I want to thank the gentlewoman from Illinois. It is funny when we talk about this discharge petition process. It is extraordinary to think that here we are as the elected Representatives, normally petitioning is something that I think of as the citizens have grievances

so they have to sign a petition and send it to us as their Representatives. I do not think most people ever imagine that their elected Representatives from Congress have to sign a petition to get a vote on a piece of legislation, because I think most of our constituents figure that is the normal procedure, that we get to vote on bills, not that we have to petition to vote on them.

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I wanted to just compliment the gentlewoman also because I think that that letter that she brought forward really says a lot about why this Patients' Bill of Rights is so important.

One of the things I think about the most is how difficult it is when a person is seriously ill or has cancer, as is the example that the gentlewoman gave, and how difficult it is for them at that time when they are not feeling well to have to go through all of the hoops that these managed care companies often make them go through. Like if they are not allowed to have a certain treatment, they are not strong, in a position to appeal that or to try to seek redress because they are not feeling well at the time. And it is really like the worst time for a person to have to worry about whether they are going to have access to treatment or how they can get access if it is denied. And I think that letter really points out why it is so important to have these protections that we are seeking. So I thank the gentlewoman again.

Now I see that my colleague from the district next door to my west is here tonight, the gentleman from New Jersey (Mr. HOLT), and one of the first things that that gentleman did when he was first elected and took office in January was to come to Monmouth County and have a town meeting on the Patients' Bill of Rights because, obviously, he thought it was so important. So I want to commend him for all he is trying to do in his district and here on this issue, and I yield to the gentleman.

Mr. HOLT. Mr. Speaker, I wanted to join my colleagues, the gentlewoman from Illinois (Ms. SCHAKOWSKY), and thank my colleague from New Jersey for highlighting this issue and for pushing to get a comprehensive Patients' Bill of Rights to the floor, not bits and pieces but a whole thing, an integral piece, and that is what we want. That is what the public needs.

Each of us would like to have a relationship with a Marcus Welby kind of physician, a kindly understanding doctor who really ministers to our whole being, and works with us on medical decisions that often include ethical decisions as well as scientific decisions. I have spent a lot of time, particularly since I have been in office now, talking with doctors, and it is interesting to think of it from their point of view. What doctors are about to lose or what they feel in many ways they have lost is the reason that they became doctors,

the doctor-patient relationship; the ability to make medical decisions with the patients.

And a lot of people say, well, the Patients' Bill of Rights, as it is set up, will just bring lawyers into the picture and we will end up having a medical system that is run by lawyers. Well, I do not think that is true at all. And the way it is now, who has the last word? It is not the doctor. If a patient can sue a hospital and can sue the doctor but cannot sue the insurance provider, the insurance company, who has the last word? Who can make the medical decisions? It is not a doctor-patient decision. And doctors feel that they have lost the reason that they went into that profession.

There is a lot at stake here, and that is why I think it is important that we have a comprehensive Patients' Bill of Rights that provides emergency room access and makes it possible for doctors to talk about all of the treatments that are available, not just the cheapest ones, and that lets the medical decisions rest with the doctor and the patient. I hear that over and over again from doctors.

An interesting, I guess political sidelight is that it was not very many years ago that doctors around the country by and large were very much afraid of what Congress might do. Now they are very much afraid of what Congress might not do. Doctors and their patients are looking to us to act to protect the patients' rights.

Mr. PALLONE. Well, I want to thank the gentleman. I think this is really all it is about.

One of the things that I keep stressing, and that I think came up tonight with the various speakers, is the fact that this is just common sense. When we talk about these patient protections that are in the Patients' Bill of Rights, we are not really talking about anything abstract or difficult to understand or even difficult to implement. In fact, when I go through the list of the kinds of patient protections that are included in our bill, I think most people would be shocked to think that they are not already guaranteed.

Mr. HOLT. If the gentleman would yield. In our State of New Jersey many of them are, in fact, provided. New Jersey has, in many ways, good doctor-patient regulations and laws. And much of what we are calling for in various parts of the country is provided. But what we need, I think, are good standards all across the country.

Mr. PALLONE. And there is also the fact that the States do not have any power over the ERISA plans, and the majority of the people are actually under some kind of self-insured program or self-insured health care or managed care through where they work, and that is preempted by Federal law so that those State plans do not apply.

Just to give an example, and I know we do not have a lot of time, we are almost out of time, but I just went